

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565345

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51				/		
2							52				/		
3							53				/		
4							54			/			
5							55			/			
6							56			/			
7							57			/			
8							58		/				
9							59			/			
10							60		/				
11							61			/			
12							62			/			
13							63			/			
14							64			/			
15							65			/			
16							66			/			
17							67			/			
18							68			/			
19							69		/				
20							70			/			
21							71			/			
22							72			/			
23							73			/			
24							74			/			
25							75			/			
26							76			/			
27							77			/			
28							78			/			
29							79			/			
30							80			/			
31							81		/				
32							82			/			
33							83			/			
34							84			/			
35							85			/			
36							86			/			
37							87		/				
38							88			/			
39							89			/			
40							90			/			
41							91			/			
42							92			/			
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	37	←		←
TOTAL CLAIMS							TOTAL CLAIMS			46			